

2013-1323

PRINTED: 01/10/2019
FORM APPROVED

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/11/2013
NAME OF PROVIDER OR SUPPLIER BHC FAIRFAX HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST KIRKLAND, WA 98034		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	INITIAL COMMENTS PSYCHIATRIC HOSPITAL STATE LICENSURE HEALTH SURVEY-WAC 246-322 The following statement of deficiencies resulted from a state psychiatric hospital licensure health survey at Fairfax Psychiatric Hospital that was conducted by Stephen Mickschl, RN, MS and Lisa Mahoney, MPH on 9/9-11/2013. Shell # N5IC11	L 000		
L 780	322-120.1 SAFE ENVIRONMENT WAC 246-322-120 Physical Environment. The licensee shall: (1) Provide a safe and clean environment for patients, staff and visitors; This Washington Administrative Code is not met as evidenced by: Findings: On 09/09/2013 at 1:30 PM, Surveyor #2 observed a bathroom fan in Patient Room 118 and the fan located in the unit shower room with excessive build-up of dust and other contaminants. This finding was confirmed with Staff Member #4 (Maintenance Supervisor).	L 780		10/14/13
L1485	322-230.1 FOOD SERVICE REGS WAC 246-322-230 Food and Dietary Services. The licensee shall: (1) Comply with chapters 246-215 and 246-217 WAC, food service; This Washington Administrative Code is not met as evidenced by: Findings:	L1485		10/14/13

State Form 2567

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

N5IC11

If continuation sheet 1 of 3

2013-1323

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/11/2013
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BHC FAIRFAX HOSPITAL

**10200 NE 132ND ST
KIRKLAND, WA 98034**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1485	<p>Continued From page 1</p> <p>All findings occurred during a tour of the Dietary department on 09/10/2013.</p> <p>1. At 8:45 AM, Surveyor #2 found multiple (>3) single serve containers of "lactose-free" milk with an expiration date of "09/06/2013". Staff Member #1 (Dietary Manager) confirmed this finding and the items were discarded.</p> <p>Ref: Washington State Retail Food Code (WAC 246-215-03100) .</p> <p>2. At 9:35 AM, Surveyor #2 observed Staff Member #2 prepare bagged lettuce for Caesar Salad. Staff Member #2 was wearing gloves during the transfer of lettuce from the bag to the serving container. Staff Member #2 left the food preparation area, and retrieved additional items including tomatoes and shredded cheese from multiple refrigeration units, and cut up the tomatoes and added the cheese, all without changing gloves, now contaminated from contact with the refrigeration units' handles.</p> <p>Ref: Washington State Retail Food Code (WAC 246-215-03306) .</p> <p>3. At 9:40 AM, Surveyor #2 asked to see the Quaternary Ammonium test strips used for testing the concentration of sanitizer in the 3-compartment sink in the dish room. Staff Member #2 reported that the facility was out of test strips. Staff Member #1 confirmed this comment and indicated that he/she had ordered more test kits.</p> <p>Ref: Washington State Retail Food Code (WAC 246-215-04345) .</p> <p>4. At 9:50 AM, Surveyor #2 observed whole</p>	L1485		

State Form 2567

STATE FORM

0000

N5IC11

If continuation sheet 2 of 3

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/11/2013
NAME OF PROVIDER OR SUPPLIER BHC FAIRFAX HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST KIRKLAND, WA 98034		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1485	<p>Continued From page 2</p> <p>tomatoes left in a colander suspended over a sink, where the food was in contact with a wet cloth hanging out of a sanitizing bucket that was placed at the edge of the sink. The sink had a soap dispenser and was also used by Staff Member #1 to wash his/her hands during the course of food preparation.</p> <p>Ref: Washington State Retail Food Code (WAC 246-215-03360) and (WAC 246-215-04525).</p> <p>5. At 10:10 AM, Surveyor #2, accompanied by Staff Member #1 checked the temperature logs for unit refrigerators in the East, South and North Wings of the facility. The temperature gauge in the East Wing refrigerator read "40 degrees Fahrenheit" and was documented in the temperature log. Using a thin-stem thermometer, the surveyor checked the temperature of a single-serve milk carton located in the unit, and the displayed temperature was 47 degrees Fahrenheit. Similarly, the temperature of single-serve milk in the South Wing refrigerator was 50 degrees Fahrenheit. These findings were confirmed by Staff Member #1 and the units were reported to Staff Member #3, the Facilities Director.</p> <p>Ref: Washington State Retail Food Code (WAC 246-215-03525 (1)(b)).</p>	L1485		